

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **DOSING DEVICE AND APPARATUS FOR APPLYING ADHESIVES TO AT LEAST ONE DOSING DEVICE, AND SUBSTRATE WEB**, the specification of which: (check one)

☐ is attached hereto.
☒ was filed as PCT Application No. PCT/EP2004/012445 on
 November 4, 2004.
☐ was filed on
 and assigned Serial No.:
 and was amended on

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application on which priority is claimed:

Prior Foreign/PCT Application(s)			Priority Claimed
<u>103 54 153.5</u>	<u>Germany</u>	<u>19 November 2003</u>	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
(number)	(country)	(day/month/year filed)	
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> yes <input type="checkbox"/> no
(number)	(country)	(day/month/year filed)	

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER

FILING DATE:

82558

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or under Title 35, United States Code, § 365(c) of any PCT international application designating the United States listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations 1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(application number)

(filing date)

(Status - patented, pending, abandoned)

(application number)

(filing date)

(Status - patented, pending, abandoned)

I hereby appoint the following attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Irving M. Kriegsman, Esq., Reg. No. 22,733; Edward M. Kriegsman, Esq., Reg. No. 33,529; and Daniel S. Kriegsman, Esq., Reg. No. 40,057.

Please send all correspondence to:

Customer No. 23685

I hereby declare that all statements made herein of my own knowledge are true and that any statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor (given name, family name): WALDEMAR KIENER
Residence: ZIEGELGARTEN 15, 73466 LAUCHHEIM, GERMANY
Post Office Address: ZIEGELGARTEN 15, 73466 LAUCHHEIM, GERMANY
Citizenship: GERMANY

Inventor's signature: _____

Date: _____

Full Name of Inventor (given name, family name): JOHANN REIN
Residence: EDLEMÜHLE, 73441 BOPFINGEN, GERMANY
Post Office Address: EDLEMÜHLE, 73441 BOPFINGEN, GERMANY
Citizenship: GERMANY

Inventor's signature: _____

Date: _____